

Iowa Board of Nursing
RiverPoint Business Park
400 SW 8TH Street, Suite B
Des Moines, IA 50309-4685

SPECIAL APPROVAL INFORMATION

Continuing Education programs attended outside of Iowa by a non-approved provider, an organization not specified below or a continuing medical education offering may qualify for special approval by the board for an individual licensee. However, content must also meet the qualifications of appropriate subject matter as specified in Chapter 5, subrule 5.3(2), paragraph "a."

Special approval must be completed prior to license renewal. To request special approval submit a completed application with a copy of the brochure, advertisement, or program description. Include the following information:

- Documentation of the date, time, location, and program title.
- Purpose and objectives.
- Intended audience.
- Credentials of instructors.
- Evidence that contact hours, CEUs or CME credit will be or were awarded.

If the offering is approved, an approval letter will be sent from the board office. Both the approval letter and the certificate of attendance with the amount of credit awarded from the provider must be retained for a minimum of four years. A denial of approval may be appealed to the board within one month of the denial.

Live programs attended within Iowa including distance education technology, e.g., satellite programming, must be sponsored by a board approved provider and do not qualify for special approval.

OFFERINGS NOT REQUIRING SPECIAL APPROVAL

Offerings attended outside of Iowa or offered as self-study shall be accepted when approved by other state boards of nursing with mandatory continuing education requirements or offered by the:

- American Nurses' Credentialing Center (ANCC)
- National League for Nursing
- National Federation of Licensed Practical Nurses
- National Association for Practical Nurse Education and Service, Inc.

In addition, in order to qualify for continuing education credit, continuing education programs must meet the qualifications of appropriate subject matter as specified in Chapter 5, subrule 5.3(2), paragraph "a." The licensee shall retain a certificate to verify completion of each informal offering for a minimum of four years.

**SPECIAL APPROVAL APPLICATION
FOR NURSING CONTINUING EDUCATION**
(Please Print Legibly)

NAME:		IOWA LICENSE NUMBER:
STREET ADDRESS:		
CITY:	STATE:	EFFECTIVE DATE:
ZIP CODE:	DAYTIME PHONE:	EXPIRATION DATE:
		IS THIS A SELF-STUDY PROGRAM? YES [] NO []
TITLE OF CONTINUING EDUCATION PROGRAM:		
LOCATION OF PROGRAM ATTENDED OUTSIDE OF IOWA, OR NAME/LOCATION OF PROVIDER IF THE PROGRAM IS SELF-STUDY:		DATE(S):

FOR OFFICE USE ONLY

SUPPORTING DOCUMENTS SUBMITTED: YES [] NO []

APPROVAL GRANTED: YES [] NO [] N/A []

REASON FOR DENIAL: _____

Please submit the completed application and the requested information to the Iowa Board of Nursing, Riverpoint Business Park, 400 SW 8th St., Suite B, Des Moines, IA 50309-4685. If you have any questions, call (515)281-8258.

Submit one application for each request.

This information is collected pursuant to Iowa Administrative Code [655]--5.2(2)f(3), and must be provided for consideration for approval of continuing education programs from out of state, non-approved providers. This information may be disclosed pursuant to Iowa Administrative Code [655]--Chapter 11.